Express Mail Label No. EV 979641263US Qate of Deposit: August 8, 2007

Attorney Docket No. 18242-508CIP2

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

Chapman et al.

SERIAL NUMBER:

AUG 0 8 2007

10/055,143

**EXAMINER:** 

Snyder, Stuart

FILING DATE:

January 22, 2002

ART UNIT:

1648

For:

METHOD FOR PURIFYING A BIOLOGICAL COMPOSITION

Mail Stop Petition Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

## Request to Withdraw Petition To Revive Unintentionally Abandoned Application/ **Petition for Express Abandonment**

Applicants request withdrawal of the petition to revive for unintentional delay the aboveidentified application, which was submitted on April 4, 2007. In the alternative, if the petition submitted April 4, 2007 has been granted and the application is pending, Applicants request express abandonment of the application under 37 CFR 1.138.

Please charge any fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 18242-508CIP2.

%es 09/14/2007 CKHLO% VZ 000 000000 10

1020.co cp

0008273700

Dated: August 8, 2007

Rais CRYSA/ECO? CKHLOK 0008252000

> 0008255600 \$500.00 CR

Respectfully submitted

Ivor R. Elliffi, Reg. No. 1/9,529

David E. Johnson, Reg. No. 41,874

Attorney for Applicants c/o MINTZ, LEVIN

Tel: (617) 542-6000 Fax: (617) 542-2241 Customer No. 30623

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FE	E REFUND			
1 Date of Request: 9-13-07 2 Seri	.al/Paten	t # _{0/0	55143	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			\$	
Amendment			\$	
Extension of Time		4-407	\$ 1000	12
Notice of Appeal/Appeal		4-4-87	\$ 500	14
Petition		4-407	\$ 1500	14
Issue			\$	
Cert of Correction/Terminal Disc.			\$	
Maintenance	-		\$	
Assignment			\$	
Other			\$	
	7 TOTAL AMOUNT OF REFUND		\$3020	
	8 TO BE REFUNDED BY:			
10 REASON:		Treasury C	heck	
Overpayment	Credit Deposit A/C #:			
Duplicate Payment	,500311			
No Fee Due (Explanation):				4
Applicants regisest.				
The state of the s				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Karen Creasy		TITLE:	Petitions Examiner	
SIGNATURE: / COLL		PHONE:	2-3208	
OFFICE: Petitions				
THIS SPACE RESERVED FOR FINANCE USE ONL	****** Y:	**********	***********	*
APPROVED:	DATE:	$\underline{\mathcal{G}}$	14151	
			<i>v</i> · • /	` <b>!</b> !

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B